

**FULL AND FINAL RELEASE OF ALL PAST, PRESENT AND FUTURE PERSONAL INJURY PROTECTION CLAIMS**

IN CONSIDERATION OF Two Thousand And Five Hundred Dollars (\$2,500.00), I, [REDACTED] release DAIRYLAND INSURANCE COMPANY, and all persons and other organizations associated with it, for all first-party personal injury protection benefits (hereinafter "no-fault benefits"), claimed under the Michigan No-Fault Act, as described below, concerning no-fault benefits payable for losses and damages sustained by me as a result of an automobile collision which occurred on or about March 1, 2010 in [REDACTED]. This settlement relates to DAIRYLAND INSURANCE COMPANY'S claim [REDACTED].

As further consideration for entering into this agreement, DAIRYLAND INSURANCE COMPANY agrees to pay for all medical bills for medical treatment that would be otherwise allowed under the Michigan No-Fault Act as a result of this March 1, 2010 motor vehicle accident that were incurred before March 9, 2010.

I understand that DAIRYLAND INSURANCE COMPANY has available to it information sufficient to cause it reasonably to dispute the amount, if any, of no-fault benefits to which I may be entitled beyond those already paid. I further understand that I have the right to consult with an attorney to discuss my rights and entitlement to benefits under the Michigan No-Fault Act. Cognizant of my rights, and desirous of entering into a voluntary settlement of the dispute between myself and DAIRYLAND INSURANCE COMPANY, I intend this document to operate as a full and complete release of all my past, present, and future claims for all allowable medical expenses under the No-Fault Act, wage loss benefits and household replacement services, allowed under MCL 500.3107. Moreover, this release also waives all past, present and future claims for funeral expenses and survivors' loss benefits, allowed under MCL

500.3108. Finally, this release includes all past, present and future claims for costs, attorney fees, interest, or any other sanction allowed under law or equity relating to this motor vehicle accident. This release includes a full and final waiver of all past, present and future claims for no-fault benefits that have accrued or will accrue as a result of the injuries, losses and damages sustained by me as a result of said accident, except as set out above.

I understand that DAIRYLAND INSURANCE COMPANY is not necessarily admitting liability for the payment of said benefits.

I DECLARE THAT I HAVE CAREFULLY READ THIS RELEASE AND THAT I UNDERSTAND ITS TERMS, AND THAT I SIGN THE SAME AS MY OWN FREE ACT AND DEED.

Executed on March 11<sup>th</sup>, 2010.

WITNESSES:

[Redacted signature]

[Redacted signature]

Subscribed and sworn to before me this 11 day of March, 2010.

[Redacted signature]

Notary Public  
County: Michigan  
My commission Expires: 1-24-2013

**FULL AND FINAL RELEASE OF ALL PAST, PRESENT AND FUTURE PERSONAL INJURY PROTECTION CLAIMS**

IN CONSIDERATION OF Two Thousand And Five Hundred Dollars (\$2,500.00), I, [REDACTED] release DAIRYLAND INSURANCE COMPANY, and all persons and other organizations associated with it, for all first-party personal injury protection benefits (hereinafter "no-fault benefits"), claimed under the Michigan No-Fault Act, as described below, concerning no-fault benefits payable for losses and damages sustained by me as a result of an automobile collision which occurred on or about March 1, 2010 in [REDACTED] This settlement relates to DAIRYLAND INSURANCE COMPANY'S claim [REDACTED]

As further consideration for entering into this agreement, DAIRYLAND INSURANCE COMPANY agrees to pay for all medical bills for medical treatment that would be otherwise allowed under the Michigan No-Fault Act as a result of this March 1, 2010 motor vehicle accident that were incurred before March 9, 2010.

I understand that DAIRYLAND INSURANCE COMPANY has available to it information sufficient to cause it reasonably to dispute the amount, if any, of no-fault benefits to which I may be entitled beyond those already paid. I further understand that I have the right to consult with an attorney to discuss my rights and entitlement to benefits under the Michigan No-Fault Act. Cognizant of my rights, and desirous of entering into a voluntary settlement of the dispute between myself and DAIRYLAND INSURANCE COMPANY, I intend this document to operate as a full and complete release of all my past, present, and future claims for all allowable medical expenses under the No-Fault Act, wage loss benefits and household replacement services, allowed under MCL 500.3107. Moreover, this release also waives all past, present and future claims for funeral expenses and survivors' loss benefits, allowed under MCL

500.3108. Finally, this release includes all past, present and future claims for costs, attorney fees, interest, or any other sanction allowed under law or equity relating to this motor vehicle accident. This release includes a full and final waiver of all past, present and future claims for no-fault benefits that have accrued or will accrue as a result of the injuries, losses and damages sustained by me as a result of said accident, except as set out above.

I understand that DAIRYLAND INSURANCE COMPANY is not necessarily admitting liability for the payment of said benefits.

I DECLARE THAT I HAVE CAREFULLY READ THIS RELEASE AND THAT I UNDERSTAND ITS TERMS, AND THAT I SIGN THE SAME AS MY OWN FREE ACT AND DEED.

Executed on March 11<sup>th</sup>, 2010.

WITNESSES:

[Redacted witness signatures]

Subscribed and sworn to before me this 11 day of March, 2010.

[Redacted notary signature]  
Notary Public  
County, Michigan  
My commission expires: 1-24-2013

**FULL AND FINAL RELEASE OF ALL PAST, PRESENT AND FUTURE PERSONAL  
INJURY PROTECTION CLAIMS**

IN CONSIDERATION OF Two Thousand And Five Hundred Dollars (\$2,500.00), I, [REDACTED] release DAIRYLAND INSURANCE COMPANY, and all persons and other organizations associated with it, for all first-party personal injury protection benefits (hereinafter "no-fault benefits"), claimed under the Michigan No-Fault Act, as described below, concerning no-fault benefits payable for losses and damages sustained by me as a result of an automobile collision which occurred on or about March 1, 2010 in Holland, Michigan. This settlement relates to DAIRYLAND INSURANCE COMPANY'S claim [REDACTED]

As further consideration for entering into this agreement, DAIRYLAND INSURANCE COMPANY agrees to pay for all medical bills for medical treatment that would be otherwise allowed under the Michigan No-Fault Act as a result of this March 1, 2010 motor vehicle accident that were incurred before March 9, 2010.

I understand that DAIRYLAND INSURANCE COMPANY has available to it information sufficient to cause it reasonably to dispute the amount, if any, of no-fault benefits to which I may be entitled beyond those already paid. I further understand that I have the right to consult with an attorney to discuss my rights and entitlement to benefits under the Michigan No-Fault Act. Cognizant of my rights, and desirous of entering into a voluntary settlement of the dispute between myself and DAIRYLAND INSURANCE COMPANY, I intend this document to operate as a full and complete release of all my past, present, and future claims for all allowable medical expenses under the No-Fault Act, wage loss benefits and household replacement services, allowed under M'CL 500.3107. Moreover, this release also waives all past, present and future claims for funeral expenses and survivors' loss benefits, allowed under MCL

500.3108. Finally, this release includes all past, present and future claims for costs, attorney fees, interest, or any other sanction allowed under law or equity relating to this motor vehicle accident. This release includes a full and final waiver of all past, present and future claims for no-fault benefits that have accrued or will accrue as a result of the injuries, losses and damages sustained by me as a result of said accident, except as set out above.

I understand that DAIRYLAND INSURANCE COMPANY is not necessarily admitting liability for the payment of said benefits.

**I DECLARE THAT I HAVE CAREFULLY READ THIS RELEASE AND THAT I UNDERSTAND ITS TERMS, AND THAT I SIGN THE SAME AS MY OWN FREE ACT AND DEED.**

Executed on March 11<sup>th</sup>, 2010.

WITNESSES:

[Redacted signature]

[Redacted signature]

Subscribed and sworn to before me this 11 day of March, 2010.

[Redacted signature]

1-24-2013 Notary Public  
County Michigan  
My commission Expires: [Redacted]